Proposed 2005-07 Policy Initiative

Name of Initiative	Tribal Public Health Partnerships
Sponsor	Access Committee/Public Health Infrastructure
Lead Staff	Craig McLaughlin
Other Committees	Health Disparities
Summary	Improve coordination, cooperation, and joint capacity-building between tribal governments and state and local public health.
SHR Strategic Direction	☒ Maintain and improve the public health system ☐ Ensure fair access to critical health services ☐ Improve health outcomes and increase value ☐ Explore ways to reduce health disparities ☐ Improve nutrition and increase physical activity ☐ Reduce tobacco use ☐ Safeguard environments that sustain human health
Governor's Initiatives	☐ Cost Containment ☐ Cover all Kids by 2010 ☐ Healthiest State in the Nation
Possible Partners	Governor's Office of Indian Affairs American Indian Health Commission Department of Health (tribal liaison) Public Health Improvement Partnership WSALPHO local health jurisdictions Tribes Legislators Northwest Portland Area Indian Health Board Urban Indian health centers.
Criteria	☒ Does the issue involve multiple agencies? ☒ Can a measurable difference be made? ☐ Prevalence, severity and availability of interventions ☐ Level of public input/demand ☒ Does it involve the entire state? ☒ Does the Board have statutory authority? ☒ Do the resources exist to deal with the issue? ☒ Does the Board have a potentially unique role?

Problem Statement

The 29 federally recognized tribes of Washington State are sovereign nations that have a peer-to-peer relationship with the United States federal government. Each tribe has an independent relationship with the state, and with bordering local jurisdictions. The Centennial Accord provides a framework for interactions between state government agencies and tribal governments. There is no consistent statewide framework for relations between individual tribes and adjacent local jurisdictions.

About 52 percent of the Indians in Washington State live on the reservation. They receive public health services through their tribal governments and/or the United States Indian Health Services. The tribes may also partner with local health jurisdictions or the state on a variety of grant-funded activities, such as emergency response planning and tobacco control efforts.

The level of collaboration and cooperation between tribes and state and local public health varies. This Board has noted, for example, that tribes were once engaged in the Public Health Improvement Partnership (PHIP), but have not participated recently. PHIP has recently expressed an interest in expanding the partnerships—this would include inviting tribal participation.

The American Indian Health Commission (AIHC) has developed a policy paper on public health which calls for formal recognition of tribal health jurisdictions (a legal definition is proposed), the addition of a new member to the State Board of Health who would represent tribal governments, and changes to state public health laws to allow for cooperative agreements between state, local, and tribal health jurisdictions to improve tribal-state-local collaboration on health matters while recognizing the sovereignty of tribal public health agencies. Senator Rosa Franklin introduced a bill late last session to add an eleventh member to the Board to represent tribes and the Joint Select Committee on Health Disparities is likely to recommend the same.

Some local health jurisdictions are already working closely with tribes in there areas to develop public health service capacity within tribal health jurisdictions and formally coordinate services with LHJ and regional public health emergency preparedness and response programs. PHEPR Region 2 (Kitsap, Clallam, Jefferson) has been a state leader in coordinating public health services with the seven tribal health jurisdictions that share boundaries with those three counties.

In addition to promoting development of full capacity tribal health jurisdictions, improving the health status of urban Indians and those served by Indian Health Service programs through expanded public health services is an important related goal. Achieving a true population-based approach to improved health status for Alaska Natives and American Indians (AN/AI) in Washington state will require innovative partnerships with the full range of tribal health care providers (officially known as “I/T/Us” – Indian Health Service, Tribal Governments, and Urban Indian organizations). Legal authorities, public health capacity, and funding sources vary greatly among and between these different tribal health providers.

Craig Bill, executive director of the Governor’s Office of Indian Affairs, said health issues are likely to be high on the tribes’ agenda during the Centennial Accord meeting

with state agencies in November, and offered to work closely with the Board and the tribes to identify overlapping areas of interest between the tribes and the Board.

Potential Strategies

The Board could develop a policy initiative to strengthen collaboration between the tribes and public health. Elements of this initiative might include:

1. In partnership with the Governor's Office of Indian Affairs (GOIA) and the AIHC, convene a small group of tribal and agency representatives, as well and Urban Indian organizations, to identify areas of common concerns and ways to work together. This process could lead to another joint meeting between the Board and the AIHC.
2. Participate in the Centennial Accord process—have a Board member attend the Centennial Accord annual meeting on November 10, identify a tribal liaison, and develop a Centennial Accord Plan for the Board.
3. Work closely with AIHC to identify ways Board rules or state statutes might be changed to recognize tribal health jurisdictions and facilitate cooperative agreements.
4. Identify and disseminate examples of cooperation between tribes and local health jurisdictions and facilitate similar efforts in other jurisdictions where appropriate and desired by the tribes.
5. Articulate the benefits, from the Board's perspective, of a tribal government representative on the Board, and communicate that the Legislature is in support of Senator Franklin's proposal.
6. Promote a population-based approach to improving the health status of AN/AIs in Washington State, working with IHS and Urban Indian organizations to increase public health service capacity.

Criteria

Does the issue involve multiple agencies?

Yes. GOIA, DOH, local health jurisdictions, tribal government.

Can a measurable difference be made?

Process improvements can be identified and measured. It is not likely there would be immediately identifiable and measurable difference in health outcomes.

Prevalence, severity and availability of interventions

Not applicable.

Level of public input/demand

Low general public interest or demand. Significant interest on the part of many tribes and AIHC. Growing interest on part of local health jurisdictions.

Does it involve the entire state?

Yes. Tribal lands are distributed throughout the state.

Does the Board have statutory authority?

General authority.

Do the resources exist to deal with the issue?

Yes.

Does the Board have a potentially unique role?

Yes, in part because the Board is somewhat removed from state agencies and local health jurisdictions with mixed histories with the tribes, and in part because the Board has had informal tribal representation through the appointments of Joe Finkbonner and Mel Tonasket.